Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday December 6, 2006
Cranston, Rhode Island

DUR Board Members Present:	Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA Ellen Mauro, RN, MPH Ray Maxim, MD Richard Wagner, MD John Zevzavadjian, RPh.
DUR Board Members Absent:	
Others Present:	Paula Avarista, RPh, MBA (RI Medical Assistance Program) Vivian Cardoza (Electronic Data Systems) Dennis Domenicone (Electronic Data Systems) Karen Mariano, RPh (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs)

Minutes from the September 13, 2006 meeting were approved with minor changes.

Paula Avarista reviewed the status of the Preferred Drug List (PDL). A Pharmacy and Therapeutics (P&T) Committee has been assembled and the first meeting is scheduled for December 13, 2006. The first drug classes to be reviewed include cardiovascular drugs. Provider Synergies will be the vendor responsible for coordinating the PDL process, conducting clinical drugs reviews and negotiating supplemental rebates with manufactures. Rhode Island will be part of the National Multi-State Purchasing Pool Initiative (NMPI). Members of the public and pharmaceutical industry representatives will be given the opportunity to speak for four minutes each prior to the discussion of the drugs classes under review.

Issues related to Medicare Part D were discussed. Paula Avarista indicated that the Department has scheduled a meeting with the Part D plan administrators to discuss transitional issues for the upcoming year, such as, changes to formularies, quantity limits, prior authorizations premium changes and increased co-payments. There was concern from Board members over quantity limits and prior authorization requirements for some drugs for dual eligible patients. Rhode Island Medicaid does not pay for all wrap around drug coverage, except those drugs that are excluded from coverage under Medicare Part D. There was also concern over the resolution of denied claims from many Part D drug plans. Are prior authorizations for these denied drugs being submitted or are patients being told that drugs are not covered without follow-up to have prescribers submit requests for authorizations.

Karen Mariano indicated that EDS is receiving calls from recipients and providers regarding denied coverage of immunosuppressant drugs, which should be covered under Medicare Part B. She also noted that an increase in claims for RIPAE recipients can be noted as patients reach the benefit gap in Part D coverage, often referred to as the donut hole.

Steve Kogut discussed initiatives by Quality Partners of Rhode Island to evaluate claims data from six Part D plans. Selected indicators and measures will be evaluated and provider interventions will be developed and proposed. Tara Higgins indicated that Optima is planning several community outreach education events and

new case management programs are being evaluated. Ellen Mauro indicated that a new Primary Care Case Management (PCCM) model would be utilized by the Department and patients may be enrolled as early as January or February 2007.

EDS began processing RIPAE claims in July and will begin processing electronic claims for the AIDS Drug Assistance Program (ADAP) in January 2007. ADAP claims have been processed manually in the past.

Joe Paradis presented a summary of the use of benzodiazepines from January 2006 to October 2006. The total number of claims as well as the number of patients with at least one claim per month of a benzodiazepine has increased since earlier in the year. The Board asked if the utilization data for benzodiazepine could be evaluated by patient age and if the utilization in the dual eligible population could be compared to the Medicaid only population. The top prescribers of benzodiazepines should also be identified. The Board also recommended that the use of benzodiazepines in other State Medicaid Programs be compared to Rhode Island. Dr. Wagner indicated that in the indigent program, claims for benzodiazepines require prior authorization.

The use of low dose quetiapine as a sedative agent was discussed. Approximately 25% of all Rhode Island Medicaid patients taking quetiapine were taking the 25mg dosage form and no other dosage form strength of the drug. Similar results were found in three other State Medicaid programs, with 20% to 22% of patients taking only the 25mg dosage form of the drug. This suggests that the drug is widely used as a sedative agent, since doses less than 200mg per day are not considered therapeutic doses for the treatment of schizophrenia. Tara Higgins indicated that similar utilization patterns are seen with claims for patients covered by Blue Cross. Dr. Wagner indicated that the drug may be used appropriately in some cases for Post Traumatic Stress Disorder (PTSD). However, the indigent program requires prior authorization for doses less than 200mg. Steve Kogut recommended identifying top prescribers of low dose quetiapine and perhaps intervening with a letter, phone call or visit. Dr. Wagner suggested that DUR intervention letters should be sent to prescribers in reference to all patients receiving less than 200mg of quetiapine.

The utilization of Risperdal Consta injectable was discussed. Approximately 130 claims for the drug have been paid each month over the past few months. As a result of the cost of the drug, it represents almost 10% of the monthly budget for all antipsychotic agents. Dr. Wagner indicated that the drug is very useful in non-adherent patients. However, many patients on the drug require an oral rescue medication as well. Dr. Kogut indicated that it is often difficult to determine compliance with a patient' regimen of the drug since the drug can be given every two, three or four weeks. The Board requested that the top prescribers of the drug be evaluate and if at all possible, to determine hospitalization readmission rates for patients on the drug to determine if the cost of the drug is offset by savings in patient hospitalizations.

A sample of a prescriber profiling "report card" report was reviewed. The report is used by another State Medicaid Agency to give feedback to prescribers of the prescribing habits. The percentage of brand versus generic prescribing and utilization rates of preferred and non-preferred drugs is detailed. The report also includes a section on top drugs prescribed and the number of prior authorizations requested along with reasons for denial. With the implementation of a Preferred Drug List (PDL), Health Information Designs will be able to provide a similar report for Rhode Island prescribers. Tara Higgins commented that the sample report was much too detailed and should focus on only one issue, such as generic prescribing. Karen Mariano agreed. Dr. Wagner suggested looking at the utilization rates of preferred versus non-preferred drugs as the preferred drug list is implemented.

A number of criteria for "Black Box Warnings" were reviewed. Those criteria involved with specific drug-drug interactions will continue to be alerted to providers. Criteria for general warnings associated with particular drugs, such the risk of increased suicide ideation in children and teens receiving antidepressants, will not be routinely alerted to providers. The consensus was that the more general warnings are effectively

communicated to providers by means of “Dear Doctor” correspondence from pharmaceutical manufacturers and other widely available publications or resources.

The next meeting was scheduled for 8:00am on Wednesday March 14, 2007.